
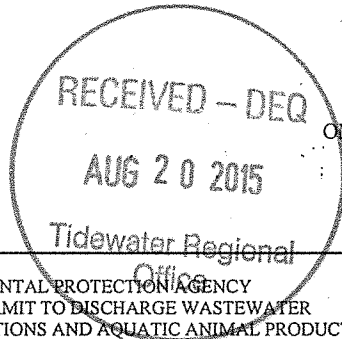
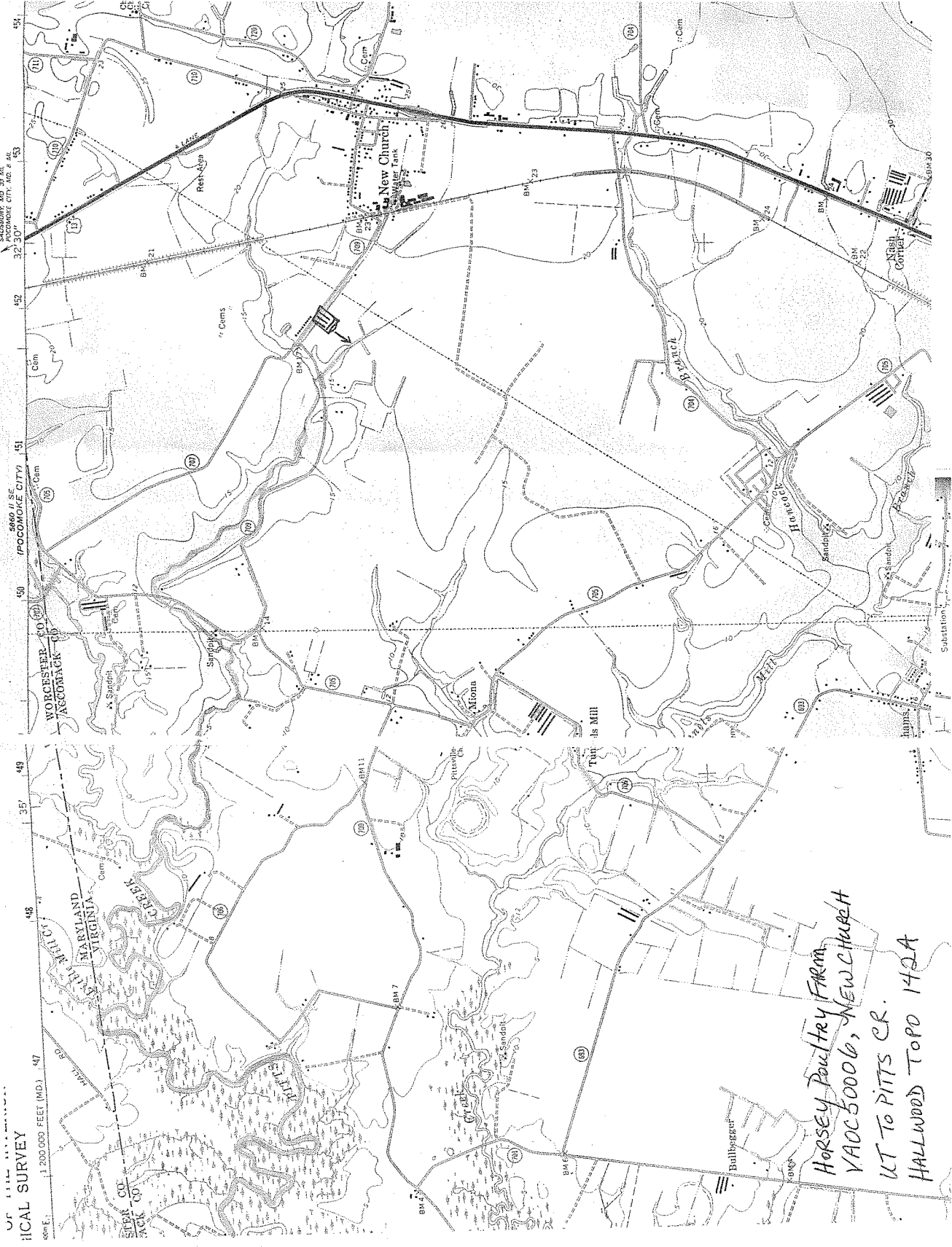


FORM <b>1</b> GENERAL		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td></td> <td>15</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14				15																																																																				
S		T/A	C																																																																																				
F			D																																																																																				
1	2	13	14																																																																																				
			15																																																																																				
<b>LABEL ITEMS</b> <b>I. EPA I.D. NUMBER</b> <b>III. FACILITY NAME</b> <b>V. FACILITY MAILING ADDRESS</b> <b>VI. FACILITY LOCATION</b>		PLEASE PLACE LABEL IN THIS SPACE <div style="border: 2px solid black; border-radius: 50%; padding: 20px; width: 150px; margin: 0 auto;">           RECEIVED - DEQ            AUG 20 2015         </div>																																																																																					
<b>II. POLLUTANT CHARACTERISTICS</b> INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a <b>publicly owned treatment works</b> which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </tbody> </table>		SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a <b>publicly owned treatment works</b> which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a discharge to waters of the U.S.? (FORM 2B)			X	C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X		E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X		G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X		I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X																																	
SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"																																																																																		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED																																																																																
A. Is this facility a <b>publicly owned treatment works</b> which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a discharge to waters of the U.S.? (FORM 2B)			X																																																																																
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X																																																																																	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X																																																																																	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X																																																																																	
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X																																																																																	
<b>III. NAME OF FACILITY</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:5%;">SKIP</td> <td style="width:70%;">Horsey Poultry Farm LLC</td> <td style="width:10%;"></td> </tr> <tr> <td>15</td> <td>16 - 29</td> <td>30</td> <td>69</td> </tr> </table>								C	SKIP	Horsey Poultry Farm LLC		15	16 - 29	30	69																																																																								
C	SKIP	Horsey Poultry Farm LLC																																																																																					
15	16 - 29	30	69																																																																																				
<b>IV. FACILITY CONTACT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">A. NAME &amp; TITLE (last, first, &amp; title)</td> <td colspan="4" style="text-align: center;">B. PHONE (area code &amp; no.)</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">2</td> <td style="width:40%;">Freddie Holland</td> <td style="width:10%;">Owner</td> <td style="width:5%;">15</td> <td style="width:5%;">16</td> <td style="width:10%;">757</td> <td style="width:10%;">894</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>45</td> <td>46</td> <td>48</td> <td>49</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>51</td> <td>52</td> <td>55</td> <td></td> </tr> </table>								A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)				C	2	Freddie Holland	Owner	15	16	757	894					45	46	48	49					51	52	55																																																	
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)																																																																																			
C	2	Freddie Holland	Owner	15	16	757	894																																																																																
				45	46	48	49																																																																																
				51	52	55																																																																																	
<b>V. FACILITY MAILING ADDRESS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">A. STREET OR P.O. BOX</td> <td colspan="4"></td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">3</td> <td style="width:40%;">29522 Farlow Road</td> <td style="width:10%;"></td> <td colspan="4"></td> </tr> <tr> <td>15</td> <td>16</td> <td></td> <td>45</td> <td colspan="4"></td> </tr> <tr> <td colspan="4" style="text-align: center;">B. CITY OR TOWN</td> <td style="width:10%; text-align: center;">C. STATE</td> <td colspan="3" style="text-align: center;">D. ZIP CODE</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">4</td> <td style="width:40%;">New Church</td> <td style="width:10%;"></td> <td style="width:5%;">15</td> <td style="width:5%;">16</td> <td style="width:10%;">VA</td> <td style="width:10%;">23415</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>40</td> <td>41</td> <td>42</td> <td>47</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>51</td> <td colspan="3"></td> </tr> </table>								A. STREET OR P.O. BOX								C	3	29522 Farlow Road						15	16		45					B. CITY OR TOWN				C. STATE	D. ZIP CODE			C	4	New Church		15	16	VA	23415					40	41	42	47					51																											
A. STREET OR P.O. BOX																																																																																							
C	3	29522 Farlow Road																																																																																					
15	16		45																																																																																				
B. CITY OR TOWN				C. STATE	D. ZIP CODE																																																																																		
C	4	New Church		15	16	VA	23415																																																																																
				40	41	42	47																																																																																
				51																																																																																			
<b>VI. FACILITY LOCATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> <td colspan="4"></td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">5</td> <td style="width:40%;">30286 Farlow Road</td> <td style="width:10%;"></td> <td colspan="4"></td> </tr> <tr> <td>15</td> <td>16</td> <td></td> <td>45</td> <td colspan="4"></td> </tr> <tr> <td colspan="4" style="text-align: center;">B. COUNTY NAME</td> <td colspan="4"></td> </tr> <tr> <td style="width:5%;">C</td> <td colspan="7">Accomack</td> </tr> <tr> <td>46</td> <td colspan="7">70</td> </tr> <tr> <td colspan="4" style="text-align: center;">C. CITY OR TOWN</td> <td style="width:10%; text-align: center;">D. STATE</td> <td colspan="3" style="text-align: center;">E. ZIP CODE</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">6</td> <td style="width:40%;">New Church</td> <td style="width:10%;"></td> <td style="width:5%;">15</td> <td style="width:5%;">16</td> <td style="width:10%;">VA</td> <td style="width:10%;">23415</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>40</td> <td>41</td> <td>42</td> <td>47</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>51</td> <td>52</td> <td>54</td> <td></td> </tr> </table>								A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER								C	5	30286 Farlow Road						15	16		45					B. COUNTY NAME								C	Accomack							46	70							C. CITY OR TOWN				D. STATE	E. ZIP CODE			C	6	New Church		15	16	VA	23415					40	41	42	47					51	52	54	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																																																																							
C	5	30286 Farlow Road																																																																																					
15	16		45																																																																																				
B. COUNTY NAME																																																																																							
C	Accomack																																																																																						
46	70																																																																																						
C. CITY OR TOWN				D. STATE	E. ZIP CODE																																																																																		
C	6	New Church		15	16	VA	23415																																																																																
				40	41	42	47																																																																																
				51	52	54																																																																																	

VII. SIC CODES (4-digit, in order of priority)															A. FIRST															B. SECOND														
7 0251 (specify)															B roiler & rep + route chie															7 (specify)														
15 16 19															C. THIRD															D. FOURTH														
7 (specify)															7 (specify)																													
15 16 19															15 16 19																													
VIII. OPERATOR INFORMATION																																												
A. NAME																																												
8 Freddie Holland																																												
15 16 55 56																																												
B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																												
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)																																												
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)																																												
P (specify)																																												
55 56																																												
D. PHONE (area code & no.)																																												
A 757 894 1624																																												
15 16 18 19 21 22 25																																												
E. STREET OR P.O. BOX																																												
29522 Farlow Road																																												
26 55																																												
F. CITY OR TOWN																																												
New Church																																												
15 16 40 41 42 47 51																																												
G. STATE																																												
VA																																												
H. ZIP CODE																																												
23415																																												
IX. INDIAN LAND																																												
Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																												
52																																												
X. EXISTING ENVIRONMENTAL PERMITS																																												
A. NPDES (Discharges to Surface Water)																																												
C T I																																												
9 N																																												
15 16 17 18 30																																												
B. PSD (Air Emissions from Proposed Sources)																																												
C T I																																												
9 P																																												
15 16 17 18 30																																												
B. UIC (Underground Injection of Fluids)																																												
C T I																																												
9 U																																												
15 16 17 18 30																																												
E. OTHER (specify)																																												
VPJ 250097 (specify)																																												
DER Poultry																																												
C. RCRA (Hazardous Wastes)																																												
C T I																																												
9 R																																												
15 16 17 18 30																																												
E. OTHER (specify)																																												
(specify)																																												
15 16 17 18 30																																												
XI. MAP																																												
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.																																												
XII. NATURE OF BUSINESS (provide a brief description)																																												
Poultry grower operation																																												
XIII. CERTIFICATION (see instructions)																																												
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																																												
A. NAME & OFFICIAL TITLE (type or print)																																												
FREDDIE HOLLAND																																												
B. SIGNATURE																																												
Freddie Holland																																												
C. DATE SIGNED																																												
8-28-15																																												
COMMENTS FOR OFFICIAL USE ONLY																																												
C																																												
C																																												
15 16 55 56																																												



EPA I.D. NUMBER (copy from Item 1 of Form 1)		
FORM 2B NPDES	EPA U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES	
I. GENERAL INFORMATION      Applying for: Individual Permit <input type="checkbox"/> Coverage Under General Permit <input type="checkbox"/>		
A. TYPE OF BUSINESS	B. CONTACT INFORMATION	C. FACILITY OPERATION STATUS
<input checked="" type="checkbox"/> 1. Concentrated Animal Feeding Operation (complete items B, C, D, and section II)	Owner/or Operator Name: <u>Freddie Holland</u> Telephone: <u>(757) 894-1624</u> Address: <u>29522 Farlow Rd N</u> Facsimile: (      ) City: <u>New Church</u> State: <u>VA</u> Zip Code: <u>23415</u>	<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility
<input type="checkbox"/> 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III)		
D. FACILITY INFORMATION		
Name: <u>Freddie Holland</u> Telephone: <u>(757) 894-1624</u> Address: <u>30286 Farlow Rd -</u> Facsimile: (      ) City: <u>New Church</u> State: <u>VA</u> Zip Code: <u>23415</u> County: <u>Accomack</u> Latitude: <u>37.97833</u> Longitude: <u>-75.54421</u>		
If contract operation: Name of Integrator: <u>Tyson</u> Address of Integrator: <u>Box 9 Temperanceville Va.</u>		
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS		
A. TYPE AND NUMBER OF ANIMALS		B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE
1. TYPE	2. ANIMALS NO. IN OPEN CONFINEMENT      NO. HOUSED UNDER ROOF	1. How much manure, litter, and wastewater is generated annually by the facility? <u>1155</u> tons _____ gallons
<input type="checkbox"/> Mature Dairy Cows		2. If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? <u>550</u> acres
<input type="checkbox"/> Dairy Heifers		3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? <u>1155</u> tons _____ gallons
<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Cattle (not dairy or veal calves)		
<input type="checkbox"/> Swine (55 lbs. or over)		
<input type="checkbox"/> Swine (under 55 lbs.)		
<input type="checkbox"/> Horses		
<input type="checkbox"/> Sheep or Lambs		
<input type="checkbox"/> Turkeys		
<input checked="" type="checkbox"/> Chickens (Broilers)	<u>198,000 P.Y.</u> <u>1049,000 5 1/2 Y</u> <u>6</u>	
<input type="checkbox"/> Chickens (Layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other: Specify _____		
3. TOTAL ANIMALS		



HORSEY POULTRY FARM  
VAOC 50006, NEW CHURCH  
UT TO PITTS CR.  
HALLWOOD TOPO 142A



VGIN 2013 Aerial



C. <input type="checkbox"/> TOPOGRAPHIC MAP		
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY		
1. Type of Containment	Total Capacity (in gallons)	
<input type="checkbox"/> Lagoon		
<input type="checkbox"/> Holding Pond		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other: Specify _____		
2. Report the total number of acres contributing drainage: <u>10</u> acres		
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input checked="" type="checkbox"/> Roofed Storage Shed	365	625
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		
E. NUTRIENT MANAGEMENT PLAN		
<p><b>Note:</b> Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.</p> <p>1. Please indicate whether a nutrient management plan has been included with this permit application. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If no, please explain:</p> <p>3. Is a nutrient management plan being implemented for the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. The date of the last review or revision of the nutrient management plan. Date: <u>8-1-2015</u></p> <p>5. If not land applying, describe alternative use(s) of manure, litter, and/or wastewater:</p> <p style="font-family: cursive;">transfer all waste</p>		
F. LAND APPLICATION BEST MANAGEMENT PRACTICES		
<p>Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:</p> <p> <input checked="" type="checkbox"/> Buffers             <input checked="" type="checkbox"/> Setbacks             <input checked="" type="checkbox"/> Conservation tillage             <input checked="" type="checkbox"/> Constructed wetlands             <input checked="" type="checkbox"/> Infiltration field             <input checked="" type="checkbox"/> Grass filter             <input type="checkbox"/> Terrace         </p>		

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS						
A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.				B. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. Outfall No.	2. Flow (gallons per day)			1. Ponds	2. Raceways	3. Other
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average	C. Provide the name of the receiving water and the source of water used by your facility.		
				1. Receiving Water	2. Water Source	
D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.						
1. Cold Water Species				2. Warm Water Species		
a. Species	b. Harvestable Weight (pounds)		a. Species	b. Harvestable Weight (pounds)		
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum	
E. Report the total pounds of food during the calendar month of maximum feeding.				1. Month	2. Pounds of Food	
IV. CERTIFICATION						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
A. Name and Official Title (print or type) FREDDIE HOLLAND owner				B. Telephone (757) 894-1624		
C. Signature Freddie Holland				D. Date Signed 8-17-2015		

# VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT CONCENTRATED ANIMAL FEEDING OPERATIONS

## PERMIT APPLICATION ADDENDUM

For DEQ Use Only:

Complete: Yes ☐ No ☐

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION - ALL PARTS OF THIS FORM MUST BE COMPLETED

### I. CONTACT INFORMATION

Owner Name:	Freddie Holland				
Mailing Address:	29522 Farlow Road				
City:	New Church	State:	Va	Zip Code:	23415
E-Mail Address:					
Business Phone:		Mobile Phone:	757-894-1624	Home Phone:	
Best day of the week & time to contact the applicant:	Day(s)			Time(s)	<input type="checkbox"/> AM
	any			any	<input type="checkbox"/> PM

### II. FARM/FACILITY INFORMATION

Farm/Facility Name:	Horsey Poultry Farm LLC		
Location:	30286 Farlow Road New Church, Va 23415		
Does Farm/Facility have an existing permit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, Permit Number:

### III. FARM OPERATING MANUAL

- A. Has a Farm Operating Manual been developed for this facility? ☐ Yes ☒ No
- B. If yes, provide the date of the last review/revision of the Farm Operating Manual. Date: \_\_\_\_\_
- C. A copy of the Manual (if already developed) is attached: ☐ Yes ☒ No.  
The attached copy may be a hard copy or an electronic copy.

### IV. GROUNDWATER MONITORING PLAN

- A. If the facility has an existing permit, is groundwater monitoring required? ☐ Yes ☒ No
- B. If yes, has a Groundwater Monitoring Plan been developed for this facility? ☐ Yes ☐ No ☒ N/A
- C. If yes, provide the date of the last review/revision of the Groundwater Monitoring Plan. Date: \_\_\_\_\_
- D. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. A copy of the Plan (if already developed) is attached: ☐ Yes ☐ No ☒ N/A  
The attached copy may be a hard copy or an electronic copy.



## V. DISCHARGE POINT AND BEST MANAGEMENT PRACTICES (BMPs) RELATED TO A DISCHARGE POINT

For each discharge point, provide the following information in the table below:

- a descriptive name of the discharge point;
- the latitude and longitude of its location;
- the name of the nearest potential receiving water;
- all areas contributing manure, litter, process wastewater, or storm water from the facility; and
- the treatment received or BMPs utilized, installed or constructed prior to the discharge point.

For DEQ Use: I.D. Number	Discharge Point	Latitude	Longitude	Name of Nearest Potential Receiving Water	Area Contributing Flow	Treatment or BMPs
	Southwest corner 1 of parking lot #6	37.97821	-75.54689	Pitts Creek	640, 151 sq. ft (frosting mass (fall) filter strip)	Stormwater holding area, silt trap, heavy use and pads on each building
2						
3						
4						
5						

## VI. BEST MANAGEMENT PRACTICES (BMPs)

A. BMPs are utilized, installed or constructed for each of the areas listed in Section V above.

B. If no, please explain:

☒ Yes ☐ No

C. Attach to this Addendum, a description of the BMPs listed above in Section V or a copy of the Farm Operating Manual (if already developed). The attached copy may be a hard copy or an electronic copy.

## VII. OTHER ATTACHMENTS (see instructions for requirements)

A. The completed and signed Local Government Ordinance Form (LGOF) is attached:

B. A copy of the Department of Conservation and Recreation (DCR) Nutrient Management Plan (NMP) approval letter is attached: ☐ Yes ☒ No ☐ On file with DEQ ☒ Yes ☐ No

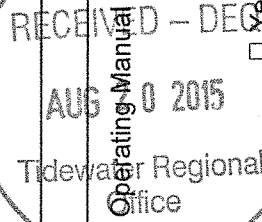
## VIII. MORTALITY DISPOSAL METHODS

A. Indicate the mortality disposal method or methods to be utilized to ensure compliance with the permit.

☒ Render ☒ Compost ☐ Incinerate ☐ Landfill ☐ Other:

B. Attach to this Addendum, a description of the mortality disposal method or methods to be utilized to ensure compliance with the permit. Include a description of the site where the mortalities will be handled. The attached copy may be a hard copy or an electronic copy.

In the case of a catastrophic animal mortality, disposal methods will be consistent with appropriate practices and methods approved by the State Veterinarian's Office and this Department. These same practices and methods shall be documented in the Farm Operating Manual.



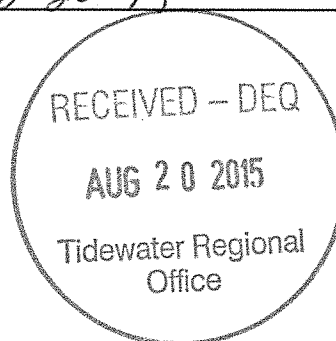
## IX. CHEMICAL HANDLING METHODS

Attach to this Addendum, a description of the practices, procedures and methods which will be followed to ensure that chemicals and other contaminants handled at the facility are not disposed of in any manure, process wastewater, or storm water storage or treatment system unless such systems are specifically designed to treat such chemicals and other contaminants. These same practices, procedures and methods shall be included in the Farm Operating Manual. *The attached copy may be a hard copy or an electronic copy.*

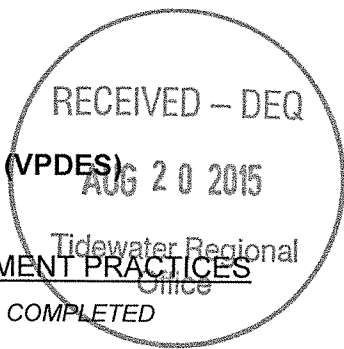
## X. CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: FREDDIE HOLLAND Official Title: owner  
Signature: Freddie Holland Date: 8-20-15



**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT (VPDES)  
CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFOs)**



**PERMIT APPLICATION ADDENDUM ATTACHMENT – BEST MANAGEMENT PRACTICES**

PLEASE TYPE OR PRINT ALL INFORMATION - ALL PARTS OF THIS FORM MUST BE COMPLETED

**OWNER/FARM/FACILITY INFORMATION**

Owner Name:	FREDDIE HOLLAN
Farm/Facility Name:	HORSEY POULTRY FARM LLC
Location:	30286 Farlow Rd New Church, Va 23415

In accordance with the regulation and permit: If a BMP or BMPs are utilized, installed or constructed at the facility for water quality protection including the requirements and assumptions of any approved TMDL or in compliance with 40 CFR Part 412, the BMP or BMPs must be maintained onsite for the term of this permit or the life of the practice, whichever is shorter. Details regarding the purpose and maintenance of the BMP shall be included in the facility's Farm Operating Manual. The Department will provide written notification to the owner that a facility is subject to any TMDL requirements.

1. In the space provided below, provide a description of the best management practices which are utilized, installed or constructed for each of the Discharge points listed in Section V of this application addendum. These same best management practices shall be included in the Farm Operating Manual. {i.e.; a vegetated area is maintained around the litter storage and poultry house end pads}

Concrete pad is at one shed. Heavy use end pads are at both ends at each of the six buildings. There are 3 stormwater holding areas as well as the ditch between the holding areas.
There are tall grass & tree vegetation filter strips at the fans at each of the buildings.
All manure is managed on the pads then is moved into the manure sheds. Any manure left on the pads is pushed back into the poultry houses & sheds.

**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT (VPDES)  
CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFOs)**

**PERMIT APPLICATION ADDENDUM ATTACHMENT - MORTALITY DISPOSAL METHODS**

PLEASE TYPE OR PRINT ALL INFORMATION - ALL PARTS OF THIS FORM MUST BE COMPLETED

**OWNER/FARM/FACILITY INFORMATION**

Owner Name:	Freddie Holland
Farm/Facility Name:	Honsey Poultry Farm LLC
Location:	30286 Farlow Rd. New Church, VA 23415

Each Large CAFO covered by the VPDES Individual CAFO permit must implement additional measures stipulated in the Effluent Limitation Guidelines (ELGs) found in section 40CFR412.37 (a)(4) and stated in the VPDES CAFO Individual Permit.

In accordance with the ELGs: Mortalities must not be disposed of in any liquid manure or process wastewater system, and must be handled in such a way as to prevent the discharge of pollutants to surface water, unless alternative technologies pursuant to §412.31(a)(2) and approved by the Director are designed to handle mortalities.

1. Indicate the mortality disposal method or methods to be utilized to ensure compliance with the permit. (check the appropriate box or boxes below)

☒ Render ☒ Compost ☐ Incinerate ☐ Landfill ☐ Other: \_\_\_\_\_

2. In the space provided below, describe the mortality disposal method or methods to be utilized to ensure compliance with the permit. Include a description of the site where the mortalities will be handled. {i.e.; all routine daily mortality will be disposed by composting in compost bins attached to the poultry litter shed. Poultry carcasses will be picked up on a daily basis from within the poultry houses. These carcasses will be added to the compost pile using accepted composting principles. The poultry litter shed is located on-site behind the poultry houses at the Northwest end of the property.}

compost to <sup>BIRD SIZE</sup> household then taken to Tyson render plant in Temperanceville, Va. on U.S. 13
6 compost bins are used for the first 4 weeks
1 mile West U.S. 13 at 30286 Farlow Rd. New Church, Va.





Molly Joseph Ward  
*Secretary of Natural Resources*

Clyde E. Cristman  
*Director*



Joe Elton  
*Deputy Director of Operations*

Rochelle Altholz  
*Deputy Director of  
Administration and Finance*

David Dowling  
*Deputy Director of  
Soil and Water and Dam Safety*

**COMMONWEALTH of VIRGINIA**  
**DEPARTMENT OF CONSERVATION AND RECREATION**

August 18, 2015

Mr. Freddy Holland  
Horsey Poultry Farm LLC  
29522 Farlow Road  
New Church, VA 23415

Dear Mr. Holland:

Your Nutrient Management Plan (NMP), dated 8/1/2015, for 198000 Broilers located in Accomack County has been approved by the Virginia Department of Conservation and Recreation for coverage under a Virginia Pollution Abatement (VPA) or Virginia Pollutant Discharge Elimination System (VPDES) permit. Only nutrient recommendations for applications to be made after the date of this letter are approved by this letter. Your NMP was written by a nutrient management planner certified by the Virginia Department of Conservation and Recreation.

A copy of this letter must be kept with your nutrient management plan. A copy of this letter and a copy of the approved plan must be sent to the Regional Office of the Virginia Department of Environmental Quality (DEQ).

It should be noted that this plan expires 8/1/2020. We recommend the process of revising this nutrient management plan begin at least six months prior to the expiration date.

If you have any questions concerning this letter, please contact me at [bobby.long@dcr.virginia.gov](mailto:bobby.long@dcr.virginia.gov) or (434) 547-8172.

Sincerely,

A handwritten signature in cursive script that reads "Bobby Long".

Bobby Long  
Nutrient Management Coordinator – Animal Waste  
Division of Nonpoint Pollution Prevention

cc: Tim Sexton, DCR Nutrient Management Program Manager  
Todd A Keen

# WASTE MANAGEMENT PLAN

Prepared for

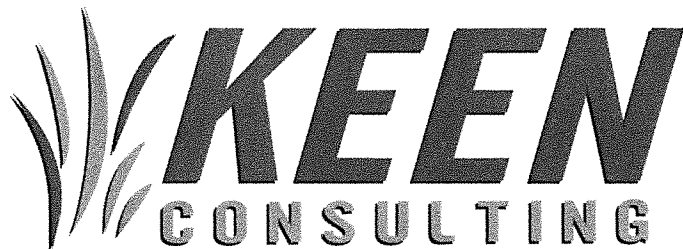
**HOLLAND HOMESTEAD  
HORSEY FARM  
BACKWOODS FARM  
29522 FARLOW ROAD  
NEW CHURCH, VA 23415**

Prepared By

**TODD A. KEEN**

***CERTIFIED NUTRIENT MANAGEMENT PLANNER  
VA CERTIFICATION #: 352***

***PREPARATION DATE: AUGUST 1, 2015***



**26229 PRETTYMAN ROAD  
GEORGETOWN, DE 19947  
(302) 684-5270  
(302) 684-5273 FAX**

**Nutrient Management Plan Special Conditions for  
Virginia Pollution Abatement (VPA) and Virginia Pollutant Discharge  
Elimination System (VPDES) Permits**  
September 2011

The following management practices will be utilized for poultry operations transferring litter and requiring a VPA or VPDES permit:

1. Representative litter samples will be analyzed at a minimum of once every three (3) years for VPA permits and once per year for VPDES permits for the following: total nitrogen or total Kjeldahl nitrogen (TKN), ammonium nitrogen, total phosphorus, total potassium, calcium, magnesium, and percent (%) moisture. Separate samples shall be taken from all manure sources to be used for application (i.e. house, storage shed, etc.). All manure analyses shall be performed using laboratory methods consistent with *Recommended Methods of Manure Analysis*, publication A3769, University of Wisconsin, 2003 or other methods approved by the Virginia Department of Conservation and Recreation (DCR).
2. If poultry litter is stackable and contains less than 40% moisture, storage may be utilized for up to 14 days on sites meeting the following criteria:
  - Slope is not greater than 7%
  - Site must be at least 100 feet from any surface water, intermittent drainage, wells, sinkholes, rock outcrops and springs
3. Storage sites used for greater than 14 days must be identified in this plan. These sites which are not covered by a roof must meet the following criteria:
  - The litter can not be stored for greater than 180 days, and
  - The waste is covered with a waterproof reinforced tarp (ultraviolet resistant is preferable) or impermeable sheeting of 6 mil thickness or greater that is anchored against wind on the perimeter and weighted on top, and
  - The waste stockpile is protected from stormwater running onto or under it.
4. Loading areas around manure storage facilities and poultry houses that are exposed to rainfall will be maintained so that manure residue is minimal.
5. New waste storage facilities shall be designed, constructed and operated in accordance with the USDA-NRCS *Field Office Technical Guide* and other appropriate NRCS design criteria.
6. Composting of animal mortalities will be conducted in accordance with the latest guidance developed by Virginia Cooperative Extension.
7. This nutrient management plan will be revised at least once every five (5) years to make adjustments for litter nutrient analysis or prior to any waste application.
8. This nutrient management plan must be amended or modified and submitted to DCR for review and approval if animal numbers increase above the level specified in the plan or animal types including intended market weights are changed.
9. The litter transferred from this facility will be transferred in accordance with the Virginia Department of Environmental Quality's requirements and those of other regulatory agencies.
10. These conditions do not override any more restrictive plan requirements if required by other specific legislative, regulatory or incentive programs which apply to a specific operator.

## ***Animal Waste Management Plan Information Sheet***

***Operator:*** Holland Homestead  
Horsey Farm  
Backwoods Farm  
Freddy Holland  
29522 Farlow Road  
New Church, VA 23415  
(757) 824-5297

***County:*** Accomack

***Watershed:*** CB31

***Plan Type:*** No Land Application Plan (Waste Transfer)

***Animal Type:*** Poultry/Broiler

***Animal Number:*** 198,000 per cycle, 1,188,000 annually (6 Flocks)

***Integrator:*** Tyson Foods

***Manure Storage Facilities:*** 40' X 100' Manure Storage Shed  
40' X 208' Manure Storage Shed

***Dead Animal Disposal Method:*** On Site Composter and Off Site Rendering Plant

***Manure End Use:*** Exported to other entities

***Manure Amount Transferred:*** All (See Estimation Sheets)

***Plan Period:*** August 1, 2015 to August 1, 2020



---

***Todd A. Keen***  
***Consultant***

---

***8/1/2015***  
***Date***



## POULTRY LITTER QUANTITY ESTIMATE



Name: **Holland Homestead** Tract / Farm: **Horsey/Backwoods** Date: **7/2/2015**

# Houses included: **6**

Bird type: **Broiler**

Average Bird Market Weight (lbs): **6.25**

A.	Years between total cleanouts:	7
B.	Total # of birds per flock (for all houses on this cleanout cycle):	198,000
C.	Flocks per year	6
D.	Number of flocks per cleanout cycle (A x C):	42
E.	Estimated tons of cake/crust per 1000 birds per flock: *	0.2
F.	Estimated tons of litter + cake/crust per 1000 birds per flock: *	1.289525
G.	Tons cake/crust produced per flock (B x E/1000):	40
H.	Tons cake/crust produced per cycle (G x D)	1,663
I.	Tons litter + cake/crust produced per cycle (B x D x F/1000):	10,724
J.	Tons of litter produced per cycle (less cakeout/crustout) (I - H):	9,060
K.	Tons of litter produced per year (less cakeout/crustout) (J/A):	1,294
L.	Tons of litter + cake/crust produced per year (I/A)	1,532

\* 2007 Delmarva Poultry Litter Production Estimates, George W. Malone, University of Delaware, Georgetown Delaware.

### Quantity of Poultry Litter, Cake/Crust Available per Year

Year	M Tons of litter remaining in the house from last year (N-P) + (R-S) (previous year)	N Total tons of litter present in the house this year (K) + (M, this year)	O % of partial or total litter to be removed this year in excess of cakeout/crustout (enter % of N removed)	P Tons of litter removed this year (N x O)/100	Q Flocks this Year	R *** Tons Cake/Crust Produced this Year (Q x G)	S Tons Cake/Crust removed this Year	T Tons litter + cake/crust removed this year (P + S)
1	0	1,294	30	388	6	238	238	626
2	906	2,200	30	660	6	238	238	898
3	1,540	2,834	30	850	6	238	238	1,088
4	1,983	3,278	30	983	6	238	238	1,221
5	2,294	3,588	30	1,077	6	238	238	1,315
6	2,511	3,806	30	1,142	6	238	238	1,380
7	2,664	3,958	100	3,958	6	238	238	4,196
				9,058	42	1,663	1,666	10,724

Wastes Storage Structure(s):

<b>40' X 100'</b>	<b>On Site</b>
<b>40' X 208'</b>	

Animal Mortality Facility:

**On Site - Freestanding**

<b>Last Total Cleanout:</b>	<b>Fall 2014</b>
-----------------------------	------------------

**Animal wastes generated on this farm are stored in the waste storage structure(s) and/or transported/exported to the field as conditions warrant.**

\* This estimation is provided to comply with Nutrient Management Regulations. Manure amounts utilized within the NMP are from producer records and are not necessarily consistent with amounts shown in this estimation.

Operators are advised to follow Best Management Practices (BMP's) when handling and storing manures. Please refer to the Comments on Plan Implementation, Updating and Maintenance Requirements (Manure Handling & Storage Guidelines Section) included in your Nutrient Management Plan (NMP).

\*\*\* Cake/Crust not removed due to windrowing, is added with the litter remaining in the house the following year. Windrowing may likely result in actual quantities of litter being less than the estimates shown here. The actual amount of Cake/Crust removed may also be less than the estimated amounts produced due to improved drinker systems, ventilation, etc.



# BROOKSIDE LABORATORIES, INC.

\*\*Manure Analysis Report \*\*

W.T. Holland & Sons  
28322 Holland Lane  
New Church

VA

23415

File Number: 27300  
Date Received: 7/31/2015  
Date Reported: 8/4/2015

Lab Number  
Sample Description

8469  
**Freddy**

	<i>% Dry Basis</i>	<i>% Wet Basis</i>	<i>lbs per ton</i>
Moisture		16.60	332.00
Mineral Matter	22.82	19.03	380.60
Lost By Ignition (Organic Matter)	77.18	64.37	1,287.40
Total Nitrogen	4.25	3.545	70.90
Ammonia-N (NH <sub>4</sub> -N)	0.23	0.188	<b>3.76</b>
Nitrate-N (NO <sub>3</sub> -N)	0.02	0.019	<b>0.38</b>
Organic-N	4.00	3.338	<b>66.76</b>
Phosphorous (P)	2.12	1.770	35.40
Phosphorous as (P <sub>2</sub> O <sub>5</sub> )	4.86	4.056	<b>81.12</b>
Potassium (K)	3.9	3.250	65.00
Potassium as (K <sub>2</sub> O)	4.69	3.915	<b>78.30</b>

## Plant Available Nitrogen (PAN) Calculations:

Year 1 - Time to Incorporation	Conventional Tillage	Conservation Tillage	No Till	lbs/ton
< 1 day	37.41	36.96	36.47	
1-2 days	37.22	36.84		
3 days	37.07	36.77		
4 days	36.92	36.69		
5 days	36.81	36.66		
6 or 7 days	36.66	36.58		
8 -14 days	36.54	36.50		
> 14 days	36.47			
Year 2	10.01			
Year 3	5.34			
Year 4	2.67			

\* PAN figures are based upon guidance provided by the University of Maryland.\*



HOLLAND HOMESTEAD  
HORSEY FARM  
BACKWOODS FARM  
29522 FARLOW ROAD  
NEW CHURCH, VA 23415

FARLOW ROAD

#4

#3

#2

#1

WSS

#5

#6

WSS

LOCATION OF POULTRY HOUSES  
AND MANURE STORAGE FACILITIES



ACCOMACK COUNTY  
WATERSHED CB31